

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

At The Table!

ADDRESS (number and street) ▼

PO Box 650496

☐ Check if different than previously reported. (ACC)

Fresh Meadows

NY

11365

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00552489

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sammy J Kye

Signature of Treasurer

Sammy J Kye

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 31 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**At The Table!**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		<span style="border: 1px solid black; padding: 2px;">9362.79</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">4407.58</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">32051.00</span>	<span style="border: 1px solid black; padding: 2px;">32211.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">36458.58</span>	<span style="border: 1px solid black; padding: 2px;">41573.79</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">15548.80</span>	<span style="border: 1px solid black; padding: 2px;">20664.01</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">20909.78</span>	<span style="border: 1px solid black; padding: 2px;">20909.78</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**At The Table!**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y
12	/	31	/	2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

19250.00

19250.00

(ii) Unitemized .....

301.00

461.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

19551.00

19711.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

12500.00

12500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

32051.00

32211.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

32051.00

32211.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

32051.00

32211.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5548.80	6964.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5548.80	6964.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	13700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15548.80	20664.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15548.80	20664.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32051.00	32211.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32051.00	32211.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	5548.80	6964.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	5548.80	6964.01

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. Husam U Ahmad P.E.**

Mailing Address 55 Wendover Rd

City

Forest Hills

State

NY

Zip Code

11375-6059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Haks Engineers and Land Surveyors P.C.

Occupation

Engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : C10615071**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Saleh Ahmed**

Mailing Address 15843 76th Ave

City

Fresh Meadows

State

NY

Zip Code

11366-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

Senior Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : C10615109**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ranju Batra**

Mailing Address 44 Aberfoyle Rd

City

New Rochelle

State

NY

Zip Code

10804-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Law Firm of Ravi Batra

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : C10615094**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. Mao Chi Chen**

Mailing Address 3110 Whitestone Expy

City

Flushing

State

NY

Zip Code

11354-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crystal Window & Door Systems

Occupation

COO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : C10615069**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jerry Chin Huang**

Mailing Address 22642 77th Ave

City

Bayside

State

NY

Zip Code

11364-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYC Department of education

Occupation

Teacher

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : C10615097**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Neeta Jain**

Mailing Address 15025 61st Rd

City

Flushing

State

NY

Zip Code

11367-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quality Evaluation

Occupation

Psychologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : C10615090**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

At The Table!

Full Name (Last, First, Middle Initial)

**A. Virginia M. Kee**

Mailing Address 354 Broome St  
6D

City State Zip Code  
New York NY 10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : C10615070

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Soohyung Kim**

Mailing Address 137 Greene St  
Apt 3N

City State Zip Code  
New York NY 10012-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Standard General

Occupation

Investment Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : C10615074

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Krueger**

Mailing Address 350 E. 78th St.

City State Zip Code  
New York NY 10075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York State Senate

Occupation

State Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : C10615106

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. Luming Li**Mailing Address 20239 Rocky Hill Rd  
Unit 1F

City	State	Zip Code
Bayside	NY	11361-3049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AACE

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : C10615110**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Xiangbo Li**Mailing Address 4245 Kissena Blvd  
Apt 1P

City	State	Zip Code
Flushing	NY	11355-3258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

L&amp;L Construction D. Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : C10615095**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Lisa S. Lim**Mailing Address 80 Chambers St  
Apt 9F

City	State	Zip Code
New York	NY	10007-1884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Empire State Development

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : C10615108**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. Don Liu**

Mailing Address 8 Joanne Cir

City

Westport

State

CT

Zip Code

06880-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Xerox

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : C10615103**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Chiu Hei Ng**

Mailing Address 1 Jay Ct

City

N Woodmere

State

NY

Zip Code

11581

FEC ID number of contributing  
federal political committee.

C

Name of Employer

88 Hana Sushi Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : C10615102**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Haidong Weng**

Mailing Address 15021 29th Ave

City

Flushing

State

NY

Zip Code

11354-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sino American

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : C10617340**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. Frank Yee**

Mailing Address 1405 E 53rd St

City

Brooklyn

State

NY

Zip Code

11234-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMIFT

Occupation

Engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : C10615098**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jian Yu**

Mailing Address 14722 20th Ave

City

Whitestone

State

NY

Zip Code

11357-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wang Jia Realty Inc

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : C10615073**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Fuyin Zhang**

Mailing Address 26A Merrivale Rd

City

Great Neck

State

NY

Zip Code

11020-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York Hardwood Floors & Supplies

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : C10615104**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. Xiaoming Zhao**

Mailing Address 66 Karol Pl

City

Jericho

State

NY

Zip Code

11753-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Land Group Inc.

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : C10615105**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Guangyang An**

Mailing Address 63 Schoolhouse Ln

City

Roslyn Heights

State

NY

Zip Code

11577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

An Qiao Group NYC LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

**Transaction ID : C10616862A**

Amount of Each Receipt this Period

500.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : C10616862AB**

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ▶

1000.00

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 27  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

## **A. Yuen Chiu Cheung**

Mailing Address 8 Mills Road

City State Zip Code  
 Greenwich CT 06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : C10616863A**

Amount of Each Receipt this Period

500.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

## **B. ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
 Cambridge MA 02238-2110

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : C10616863AB**

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

## **C. Diana Xing Wu Gao**

Mailing Address 4564 160th St

City State Zip Code  
 Flushing NY 11358-3152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Tycoon Real Estate Development Group

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : C10616865A**

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

## **A. ActBlue**

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : C10616865AB**

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

## **B. Craig Johnson**

Mailing Address 1221 Avenue of the Americas

City  
New York

State  
NY

Zip Code  
10020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dentons LLP

Occupation  
Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : C10616864A**

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

## **C. ActBlue**

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : C10616864AB**

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. Ari Mittleman**

Mailing Address 3403 Janellen Dr

City  
Pikesville

State  
MD

Zip Code  
21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roberti + White

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2015

Transaction ID : C10616861A

Amount of Each Receipt this Period

500.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 29 / 2015

Transaction ID : C10616861AB

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**C. Terri Thomson**

Mailing Address 6740 164th St

Apt 6G

City

Flushing

State

NY

Zip Code

11365-3185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2015

Transaction ID : C10614288A

Amount of Each Receipt this Period

500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : C10614288AB**

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

19250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

## **A. American Dental Association Political Action Committee**

Mailing Address 1111 14th St NW  
Ste 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee.

**C** C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**10** / **15** / **2015**

**Transaction ID : C10615077**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. Friends of Ali Najmi**

Mailing Address 25504 75th Ave

City Glen Oaks State NY Zip Code 11004-1117

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10** / **15** / **2015**

**Transaction ID : C10615101**

Amount of Each Receipt this Period

500.00

Permissible funds

Full Name (Last, First, Middle Initial)

## **C. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE**

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee.

**C** C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **23** / **2015**

**Transaction ID : C10615674**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

## **A. New York Life Insurance Company Political Action Committee**

Mailing Address 51 Madison Ave  
Rm 1109

City State Zip Code  
New York NY 10010-1603

FEC ID number of contributing  
federal political committee.

**C** C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2015

**Transaction ID : C10619581**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

**TOTAL** This Period (last page this line number only)..... ►

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. Bistro Bis**

Mailing Address 15 E St NW

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
PAC Event Catering

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12                  02                  2015
**Transaction ID : D533247**

Amount of Each Disbursement this Period

1630.28

Full Name (Last, First, Middle Initial)

**B. Cafe Evergreen**

Mailing Address 1367 First Ave

City  
New YorkState  
NYZip Code  
10021Purpose of Disbursement  
PAC Catering

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                  15                  2015
**Transaction ID : D530976**

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. GW Printing**

Mailing Address 3705 #1B Prince St

City  
FlushingState  
NYZip Code  
11354Purpose of Disbursement  
PAC Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                  23                  2015
**Transaction ID : D531024**

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3130.28

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## At The Table!

110.00

Category/  
Type

09 / 01 / 2015

Category/  
TypeCategory/  
Type

330.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## At The Table!

### A. NGP VAN

Category/  
Type

300.00

State:  District:

### B. NGP VAN

M M / D D / Y Y Y Y  
11 02 2015

Category/  
Type

300.00

State:  District:

### C. PCMS, LLC

Category/  
Type

205.49

State:  District:

805.49

\_\_\_\_\_



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. BARRAGAN FOR CONGRESS**

Mailing Address 1840 SOUTH GAFFEY STREET #421

City	State	Zip Code
SAN PEDRO	CA	90731

Purpose of Disbursement  
Contribution

Candidate Name

**NANETTE BARRAGAN**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 44

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

**Transaction ID : D532012**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BARVE FOR CONGRESS**Mailing Address 120 GIBBS ST  
#287

City	State	Zip Code
ROCKVILLE	MD	20850

Purpose of Disbursement  
Contribution

Candidate Name

**KUMAR BARVE**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MD District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : D531021**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City	State	Zip Code
EAST MOLINE	IL	61244

Purpose of Disbursement  
Contribution

Candidate Name

**CHERI BUSTOS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 17

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

**Transaction ID : D532014**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City	State	Zip Code
THOUSAND OAKS	CA	91358

Purpose of Disbursement  
Contribution

Candidate Name

**JULIA BROWNLEY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

**Transaction ID : D532016**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. KUSTER FOR CONGRESS**

Mailing Address P.O. BOX 1498

City	State	Zip Code
CONCORD	NH	03302

Purpose of Disbursement  
Contribution

Candidate Name

**ANN MCLANE KUSTER**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

**Transaction ID : D532015**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285-5879

Purpose of Disbursement  
Contribution

Candidate Name

**KYRSTEN SINEMA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

**Transaction ID : D532011**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**At The Table!**

Full Name (Last, First, Middle Initial)

**A. LINDY LI FOR CONGRESS**

Mailing Address 1030 EAST LANCASTER AVENUE STE 807

City	State	Zip Code
ROSEMONT	PA	19010

Purpose of Disbursement  
Contribution

Candidate Name

**LINDY LI**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : D531020**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RAJA FOR CONGRESS**

Mailing Address PO BOX 958033

City	State	Zip Code
HOFFMAN ESTATES	IL	60195

Purpose of Disbursement  
Contribution

Candidate Name

**S. RAJA KRISHNAMOORTHY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

**Transaction ID : D532013**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TADDEO FOR CONGRESS**

Mailing Address PO BOX 432094

City	State	Zip Code
SOUTH MIAMI	FL	33243

Purpose of Disbursement  
Contribution

Candidate Name

**ANNETTE TADDEO**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : D531022**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

## At The Table!

### A. VAL DEMINGS FOR CONGRESS

Date of Disbursement

Three digital displays showing the date 10/26/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '26' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

Transaction ID : D531023

Category/  
Type

VALDEZ VAL DEMINGS

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

10000.00